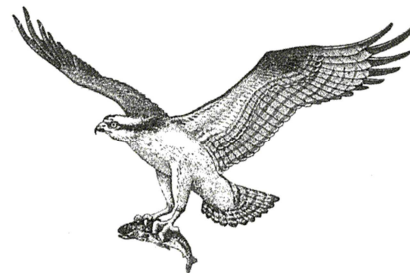




BARRENS TO BAY



A summer discovery program exploring Long Island's ecology

2013 Summer Camp

General Information

Camper's Last name _____ First name _____

Age _____ Grade _____ ☐ Male ☐ Female

Address _____ Town _____ Zip _____

Mother's name _____ Father's name _____

Home Phone () _____

Mother's work () _____ Cell () _____

Father's work () _____ Cell () _____

☐ Session 1 (June 24-28) ☐ Session 2 (July 1-3 – Only \$50) ☐ Session 3 (July 8-12)

☐ Session 4 (July 15-19) ☐ Session 5 (July 22-26) ☐ Session 6 (August 5-9)

Buddy Request - Keep my child with this friend/sibling: _____

In the event of an emergency, whom should we call if we can't reach you?

Name _____ Phone () _____

Name _____ Phone () _____

Will you be carpooling? ☐ Yes ☐ No Carpooling parent's name _____

Please list anyone who is authorized to pick up your child? _____

Parent/Guardian Signature _____

Date: _____

For Office Use Only:

Paid: Yes No Method of Payment (Circle One): Cash Check

If by Check, Check No.: _____

No. Children Paid for: _____



Medical Information

Child's name _____ Age _____ Session # _____

Pediatrician's name _____ Phone _____ Fax _____

Wertheim National Wildlife Refuge wants to make each child's experience as enjoyable and educational as possible. Please complete the following section so that we can better address your child's needs.

Will your child need to take any medication during camp hours? ☐ Yes ☐ No

If yes, please list the medication (s). **Please note: Barrens to Bay staff may not administer any medication(s). Medications must be brought in the original container.**

Even if your child will not be taking medication at camp, we need to know the name of any current medications to inform health personnel in the event of an emergency.

Please list any conditions such as physical restrictions, diabetes, asthma, learning disabilities, ADHD, hyperactivity, etc.

Does your child have any allergies ☐ Yes ☐ No

If yes, please list the allergy(ies): _____

Does your child require a special diet? ☐ Yes ☐ No

If yes, please specify: _____

I, _____ parent/guardian of _____, hereby give consent that my child may participate in the activities at the Barrens To Bay summer program. I hereby give permission to the Barrens To Bay camp staff to give consent on my behalf in the event of the need for emergency administration of medical treatment which the Barrens To Bay staff, in its discretion, believes to be necessary, and I agree to hold the Barrens To Bay staff harmless and without fault with respect to exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medication and medical limitations on activities) that would be necessary for the proper care of my child. I agree to pay for all medical and dental expenses incurred in the treatment of my child, and I am billable at the address on this form.

Insurance carrier _____

Policy # _____ Group # _____ Exp. Date _____

Parent Guardian signature _____

Send completed forms to:
Jody DeMeyere, Wertheim National Wildlife Refuge
340 Smith Road, Shirley, NY 11967

